

## 2001 MICHIGAN

2001  
C-8044

# Single Business Tax Simplified Return

*Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.*

You may use this form instead  
of the standard *Single*

Business Tax Annual Return

(form C-8000), if **all** of the

conditions at right apply.

- Your gross receipts do not exceed \$9,000,000.
- Your adjusted business income, after loss adjustment, does not exceed \$475,000 (\$95,000 for individuals).
- No shareholder or officer has compensation or allocated income, after loss adjustment, of more than \$95,000. Attach your C-8000KC.
- No partner has distributive income, after loss adjustment, of more than \$95,000. Attach C-8000KP.
- You are not a member of a controlled group or entity under common control.
- You are not filing a consolidated return.
- You are not apportioning your business activity.

|  |                                |  |  |
|--|--------------------------------|--|--|
| <b>▶ 1</b> This return is for calendar year <b>2001</b> or for the following tax year<br><div> <div>Beginning Date</div> <div> <div>month</div> <div>year</div> <div>2001</div> </div> <div>Ending Date</div> <div> <div>month</div> <div>year</div> </div> </div> |                                | <b>▶ 5</b> Federal Employer ID No. (FEIN) or TR No. <div></div>  |  |
| 2. Name (Type or Print)  |                                | 6a Check this box if address is new <input type="checkbox"/>   |  |
| d/b/a  |                                | b Check this box if discontinued <input type="checkbox"/>  |  |
| Street Address   |                                | Effective date of discontinuance _____   |  |
| City, State, ZIP   |                                | <b>▶ 7</b> Organization Type (check one) <div> <div>a. <input type="checkbox"/> Individual</div> <div>b. <input type="checkbox"/> Fiduciary</div> <div>c. <input type="checkbox"/> Professional Corp.</div> <div>d. <input type="checkbox"/> S-Corp.</div> <div>e. <input type="checkbox"/> Other Corp.</div> <div>f. <input type="checkbox"/> Partnership/LLC-Partnership</div> <div>g. <input type="checkbox"/> Limited Liability Company-Corporation</div> </div> |  |
| 3. Business start date   | 4. Principal Business Activity |  |  |

☐ Check this box if you DO NOT need a book mailed to you.

|    |  |           |       |     |
|----|--|-----------|-------|-----|
| 8  | Gross receipts .....   | 8         | _____ | .00 |
| 9  | Recapture of capital acquisition deduction from C-8000D, line 19 .....                                 | 9         | _____ | .00 |
| 10 | Business income .....  | 10        | _____ | .00 |
| 11 | Carryover or carryback of net operating loss or capital loss (cannot be a negative number) .....       | 11        | _____ | .00 |
| 12 | Compensation and director fees of active shareholders or officers from C-8000KC, lines 6 & 7 .....     | 12        | _____ | .00 |
| 13 | <b>Adjusted Business Income.</b> Add lines 10 - 12. If negative, enter zero on line 14 .....           | 13        | _____ | .00 |
| 14 | <b>Tax Before All Other Credits.</b> Multiply line 13 by 2.00% (.02) .....                             | 14        | _____ | .00 |
| 15 | <b>Unincorporated/S-Corp. Credit.</b> Multiply line 14 by percent from table in the instructions ..... | 15        | _____ | .00 |
| 16 | <b>Tax After Nonrefundable Credits.</b> Subtract line 15 from line 14 .....                            | 16        | _____ | .00 |
| 17 | Overpayment credited from 2000 .....   | 17        | _____ | .00 |
| 18 | Estimated tax payments .....   | 18        | _____ | .00 |
| 19 | Tax paid with request for extension .....  | 19        | _____ | .00 |
| 20 | Refundable credits from C-8000MC, line 10 .....  | 20        | _____ | .00 |
| 21 | Total. Add lines 17 - 20 .....   | 21        | _____ | .00 |
| 22 | <b>Tax Due.</b> Subtract line 21 from line 16. If less than zero, leave blank .....                    | 22        | _____ | .00 |
| 23 | Underpaid estimate penalty and interest from C-8020, line 28 or 38 whichever applies .....             | 23        | _____ | .00 |
| 24 | Annual return penalty at _____% = _____ and interest = _____ .....                                     | 24        | _____ | .00 |
| 25 | <b>Payment Due.</b> Add lines 22 - 24 .....  | PAY 25    | _____ | .00 |
| 26 | <b>OVERPAYMENT.</b> Subtract line 16 from line 21 .....  | 26        | _____ | .00 |
| 27 | How much of the amount on line 26 do you want refunded to you? .....                                   | REFUND 27 | _____ | .00 |
| 28 | How much of the amount on line 26 do you want credited forward? .....                                  | 28        | _____ | .00 |

|  |      |  |      |
|--|------|--|------|
| <b>TAXPAYER'S DECLARATION</b><br><i>I declare under penalty of perjury that this return is true and correct to the best of my knowledge.</i> |      | <b>PREPARER'S DECLARATION</b><br><i>I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</i> |      |
| I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No                         |      | Preparer's Signature   |      |
| Taxpayer's Signature   |      | Print or Type Preparer's Name  | Date |
| Print or Type Taxpayer's Name  | Date | Business Address, Phone and Identification Number  |      |
| Title  |      |  |      |

**Due Date:** April 30 or by the last day of the 4th month after the close of your tax year.

**Attachments:** Attach copies of the federal forms listed in the instructions to your return. Also attach all required SBT schedules.

**Payment:** Payable to "State of Michigan." Write your FEIN on the check.

**Mail to:**

**Michigan Dept. of Treasury**  
**P.O. Box 30059**  
**Lansing, MI 48909**

**www.treasury.state.mi.us**

